

Guidance document for PM JAY package

Atrial septectomy + Glenn

Procedures covered: 1

Specialty: CTVS

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Surgical Correction of Category - II Congenital Heart Disease	Atrial septectomy + Glenn	New Package	SV002K	1,20,000 + Implant cost

ALOS: 10 days

Minimum qualification of the treating doctor:

Essential: M.Ch./DNB/Equivalent (in Cardiothoracic Surgery)

Special empanelment criteria/linkage to empanelment module: Cardiothoracic Surgery OT

Disclaimer:

For monitoring and administering the claim management process of **Atrial septectomy + Glenn**, NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to any other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers:

Complex congenital cyanotic heart disease where it is desirable to increase intracardiac mixing and increase pulmonary blood flow.

Indications

- Single ventricle physiology with decrease pulmonary blood flow and will require single ventricular pathway

Univentricular hearts are defined as the presence of one ventricle instead of two, or the second ventricle is rudimentary without an inlet portion. This term also includes a number of congenital heart defects where two-ventricle (or biventricular) repair is not possible.

Usually, later presentation in life more than 6 months of age. The clinical presentation depends on the ratio of pulmonary-to-systemic blood flow. Infants with unrestricted pulmonary blood flow present with predominant heart failure and mild cyanosis and those with obstruction to pulmonary blood flow have dominant cyanosis and no heart failure.

1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Atrial septectomy + Glenn
i. At the time of Pre-authorization	
Clinical notes including clinical assessment, indication of procedure, implant requirement, and planned line of management	Yes
Pulse oximetry documentation	Yes
Echo/Doppler report	Yes
Optional Chest X-ray Electrocardiogram Cardiac catheterization	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / Operative notes	Yes
Post procedure stills of ECHO with report	Yes
Implant details (barcode/invoice)	Yes
Detailed Discharge Summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorization and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by supporting documents/investigation reports etc, in deciding the admissibility and quantum of claim and compliance with mandatory documents by the hospital.

2.2 Following mandatory documents to be diligently reviewed by the pre-auth / claims processing personnel:

2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):

- a. Clinical notes – all vitals, detailed history, symptoms, signs, physical examination, indication for procedure, planned line of treatment, and advice for admission?
- b. Was the Echo/ Doppler report suggestive of diagnosis?

2.2.2 At the time of claim processing- For claims processing doctor (CPD)

- a. Are the detailed ICPs with daily vitals and treatment details?
- b. Are the detailed procedure / Operative Notes available?
- c. Does the Post procedure still of ECHO show repair of the defect?
- d. Does the Post procedure still of ECHO show rerouting of SVC circulation into right pulmonary artery after Glenn procedure?
- e. Implant invoice/barcode details if applicable
- f. Is the Discharge summary with follow-up advise at the time of discharge?

PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

3.1 Objective: To enable setting up of cross check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups:

- I. Was the clinical assessment and Echo/ Doppler report supportive of diagnosis and indicative of surgery? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

References

1. Saxena A, Relan et al Indian guidelines for indications and timing of intervention for common congenital heart diseases: Revised and updated consensus statement of the Working group on management of congenital heart diseases. Ann Pediatr Card 2019;12:254-86
2. Saxena A, Relan J, Agarwal R, Awasthy N, Azad S, Chakrabarty M, Dagar KS, Devagourou V, Dharan BS, Gupta SK, Iyer KS, Jayranganath M, Joshi R, Kannan BRJ, Katewa A, Kohli V, Koneti NR, Kothari SS, Krishnamoorthy KM, Kulkarni S, Kumar RM, Kumar RK, Maheshwari S, Manohar K, Marwah A, Mishra S, Mohanty SR, Murthy KS, Suresh PV, Radhakrishnan S,



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